



RECURRENT MI

Affix Patient I.D. Here

COMPLETE ONLY FOR MYOCARDIAL INFARCTIONS OCCURRING AFTER RANDOMIZATION

- 1 Date of onset of acute symptoms: DATE 20
mo dy yr
Time of onset acute symptoms: TONSET 20 TONUNK 20
mo dy yr (24 hr) or ☐, unknown
- 2 Date of admission for this event: DTADMA 20
or ☐, not hospitalized. mo dy yr

STUDY DRUG PRIOR TO AND AT TIME OF EVENT

3 Therapy at day 10 prior to event DRCHG 20
Any change in therapy during 10 days prior to event

	change 1	change 2	change 3
Encaïnide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flecainide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procizine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAST-ENC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAST-FLEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAST-MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No antiarrhythmic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other antiarrhythmic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify: _____

Dose (mg/day) _____

EVENTS BEFORE AND AFTER THIS MI

4 Did this MI occur within 6 days after cardiac catheterization, PTCA or cardiac surgery? ☐₁ yes ☐₂ no

If yes, date of procedure: //
mo dy yr

5 Was this MI complicated by: Date: //
☐₁ Death or cardiac arrest mo dy yr

☐₂ Disqualifying VT (*) //
mo dy yr

(*) Symptomatic (hemodynamically important) unsustained VT or VT ≥ 15 consecutive complexes at a rate ≥ 120 bpm

Complete Death or Cardiac Arrest form, CAST 23, or VT form, CAST 21, as appropriate.

Retain ECG(s) in patient file. Do not send to CAST Coordinating Center.

INTERRUPTION OF CAST THERAPY

CAST drug will be discontinued immediately after the MI for approximately 3 days.

CAST drug discontinued or patient off CAST drug prior to MI?

☐₁ yes ☐₂ no STOP20 DTSTOP20
If yes, date //
mo dy yr

CAST drug restarted? ☐₁ yes ☐₂ no RSTR20

(If no, complete Individualized Therapy form, CAST 24)

If yes, date // DTSTR20
mo dy yr

LOCATION OF INFARCT (check all that apply)

7 ☐₁ anterior ☐₂ lateral ☐₃ inferior ☐₄ posterior ☐₅ unknown
ANT20 LAT20 INF20 POST20 LOCUNK20



EJECTION FRACTION

EFOBTN20

Was ejection fraction obtained?

☐₁ yes☐₂ no

If EF obtained, date:

//
mo dy yr

DTEF20

Left ventricular ejection fraction (resting):

0. LVEF20

Method used:

EFMETH20

☐₁ Radionuclide ventriculography☐₂ LV contrast angiography☐₃ Digital subtraction angiography☐₄ M-Mode or 2D echocardiography

9 Time of awakening on day of event

TAWAKE20

TAUNK20

: (24 hr) or ☐ unknown

Is this patient's usual time of awakening?

☐₁ yes☐₂ no☐₃ unknown

TAUSUL20

Complete Concurrent Drugs form, CAST 09 (at the time of the MI)

Name of person filling out form

Code Number